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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 10/677,786
Filing Date:
Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
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18		1		1		
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40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
Total Indep	1		1			
Total Depend	49		49			
Total Claims	50					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61	1		1			
62	1	1	1	1		
63	1					
64		1		1		
65		1		1		
66	1					
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
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81		1		1		
82		1		1		
83		1		1		
84		1		1		
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86		1	1	1		
87	4	1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97				1		
98				1		
99				1		
100				1		
Total Indep	4		4			
Total Depend	42		46			
Total Claims	46		50			

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